FAMILY WELFARE (SHRI A. RAJA):(a) and (b) Primary Health Care Services are provided in the rural areas through a 3 tier system of Sub_centres, primary health Centres & Community health Certres. In Distt. Ganjam (Orissa), there are 424 Sub-centres, 96 Primary Health Centres (PHCs) & 11 Community Health Centres (CHCs). As per norms, a Sub-centre is expected to provide services to 5000 population in plan areas and 3000 in difficult areas, a Primary Health Centre to a population of 30,000 in plains & 20,000 in difficult areas and a Community Health Centre to 80,000-1,20,000 population.Thus, as per these norms, against the 1991 census figures, there is a shortfall of 576 Sub-centres, 54 PHCs and 27 CHCs in Ganjam Distt. Govermment of Orissa has been requested to make up this shortfall during the Tenth Plan. Central Government is also providing assistance for strengthening the health infrastructure under various scheme such as Prime Minister's GramodayaYojana, Externally aided projects, Empowered Action Group, Reproductive & Child Health Programme etc.

Shortage of medicines in CGHS dispensaries

2657. SHRI JANARDHANA POOJARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whetjgex his attention has been drawn to the news-item regarding acute shortage of medicines in CGHS dispensaries in the country which appeared in the 'NavbharatTimes', dated 11th July, 2002;

(b) if so, his reaction thereto;

(c) whether it is a fact that no medicines have been purchased for distribution to the beneficiaries of CGHS dispensaries during the current financial year; and

(d) if so, the details in this regard and the steps taken to meet the shortage of medicines in the CGHS dispensaries?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Yes, Sir.

(b) to (d) The news item mentions about the functioning of CGHS dispensaries *viz.,* shortage of staff and medicines, partial strike by paramedical staff, discrimination between VIP and non-VIP dispensaries, visiting specialists writing prescription liberally for local purchase in VIP

areas, non-finalization of formulary due to vested interest, nexus between authorized local chemists and officials, etc.

In this connection, it is stated that due to a ban on recruitment by the Government of India, vacant posts in the CGHS could not be filled up. Moreover, the recommendations contained in the SIU Report of November, 1999 on the Norms Study of CGHS (Allopathic) dispensaries could not be fully implemented as the Hon'ble CAT, New Delhi wdeorder dated 21.3.2002 in OA No. 1030/2001 has *inter-alia* stated that the recommendations in the above report relating to the categories of Chowkidar, Safaiwala and Laboratory staff is quashed and the respondents *viz.* the UOI has been directed to conduct a fresh SIU study regarding work-load in relation to these categories in CGHS dispensaries.

As per the notice served by the All India CGHS Employees Association, the ongoing protest by the para-medical staff working in CGHS dispensaries is in respect of their 22-point charter of demands. Action has already been initiated to consider the demands of the Association in consultation with the concerned Deptt./agencies. A continuous dialogue has been maintained with the Employees Association. Decisions on some of the demands have already been taken and communicated to the Association.

There is no discrimination between VIP and non-VIP area dispensaries as all the CMO in-charges of the dispensaries are equally empowered to procure medicines from the authorised local chemists appointed by the CGHS against the individual prescription of the beneficiary. Medicines are prescribed to the beneficiaries by the specialists as per the diagnosis/ disease of the patient.

With a view to reduce shortage of medicines in CGHS dispensaries, a new comprehensive formulary for the CGHS has been notified on 14.2.2002. A consolidated indent for medicines in respect of all the CGHS dispensaries in the country has been made for early procurement of medicines for being supplied through the dispensaries. Medical Stores Organisation has accorded sanctions with Rs. 2,63,00,791/- to Government Medical Store Depots for purchase of medicines and supply to CGHS during the current financial year. Further, purchase of medicines for supply to the CGHS will be made after finalising rates for Generic and Proprietary medicines.

Authorised local chemists are appointed by the CGHS on the basis of maximum discount offered by them and other relevant criteria as laid down in the tender document for appointment of local chemist.

Surprise inspections are carried out by the Senior Officers of CGHS to supervise, guide and maintain discipline in the functioning of dispensaries. Moreover, a high-level task force comprising of senior officers of the M/o Health and Family Welfare and CGHS has been constituted to look into the overall functioning of the dispensaries and action is taken based on the report of the task force, when necessary.

Use of viagra as life saving drug

2658. SHRI P. PRABHAKAR REDDY:
SHRISATISH PRADHAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that recently the wonder drug viagra was used by a doctor in the Amrita Institute of Medical Science (AIMS), Kerala, as a life saving measure on two new borns with breathing problems;

(b) if so, the details thereof and Government's reaction thereto;

(c) whether necessary permission was sought for and obtained from the competent authorities before administering the drug to the children; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (d) As per the information furnished by M/s Amrita Institute of Medical Sciences and Research Centre, Cochin, the new born services division of this institute had treated two new born babies suffering from pulmonary hypertension (severe breathing difficulties due to pneumonia and extreme narrowing of blood vessels supplying the lung) with Sidenafil citrate (active drug of VIAGRA) following failure of nitric oxide therapy.

The use of Sidenafil citrate (VIAGRA) in saving the life of new borns was reportedly based on the published literature on the use of Sidenafil in pulmonary hypertension and on the medical judgement of the treating physician concerned.

Since this was not a case of clinical trial, no permission was requested from the office of DCG (I).